

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to: 1-8-03

\* 01-348  
 Pantelis Michalopoulos  
 Steptoe & Johnson LLP  
 1330 Connecticut Avenue, N.W.  
 Washington, DC 20036-

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) LURIC B. Date of Delivery 1/24/03

C. Signature X Kathy ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

0023 0771 2023

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348



**RETURN RECEIPT**

ORDER DATED <u>1-8-03</u>
FCC <u>03-4</u>
MIMEOGRAPH NO.

**REQUESTED**

**NAME:** Pantelis Michalopoulos  
 Steptoe & Johnson LLP  
 1330 Connecticut Avenue, N.W.  
 Washington, DC 20036-

C. R. R. NO.

BY .....

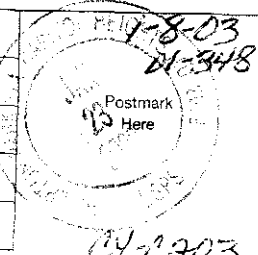
**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

.....

Postage	\$ <u>60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>



Name (Please Print Clearly) (to be completed by mailer)  
Pantelis Michalopoulos  
 Street, Apt. No., or PO Box No.  
1330 Connecticut Avenue, N.W.  
 City, State, ZIP+4  
Washington, DC 20036

PS Form 3800, July 1999

7000 0600 023 0771 2023